Prepared By:
Elisha R. Fulcher
3916 Baxter Ave.
Nashville TN 37216

After Recording Return To:
Elisha Fulcher
3916 Baxter Ave
Nashville, Tennessee 37216

Karen Johnson Davidson County
Batch# 473777 **DEEDQC**
09/11/2020 10:07:13 AM 7 pgs
Fees: $37.00 Taxes: $0.00

20200911-0103679

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On August 17, 2020 THE GRANTOR(S),

- Elisha R. Fulcher, a single person,

for and in consideration of: $0.00 and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

- Kayla N. Fulcher, a single person, residing at 1000 Horeseshoe Dr, Nashville, Davidson County, Tennessee 37216

- Lilyanna Allison Ariel Urbach, a single person, residing at 1000 Horeseshoe Dr, Nashville, Davidson County, Tennessee 37216

- Aaron Kenneth Robinson Urbach, a single person, residing at 1000 Horeseshoe Dr, Nashville, Davidson County, Tennessee 37216

as joint tenants with rights of survivorship, the following described real estate, situated in Nashville, in the County of Davidson, State of Tennessee

Legal Description:

Land in Davidson County, Tennessee,

Being Lot No. 1 on the Map of Locust Grove Estates, as of record in Book 1424, Page11, Register's Office for said County, described as follows:

Beginning at a point in the north margin of Horseshoe Drive at the corner of Lots Nos. 1 and 2; thence with the line between said lots, northerly 175 feet to a point; thence easterly 84.32 feet to the west margin of Burrus Street; thence with the margin of the same, southerly 151.01 feet to the beginning of a curve; thence around said curve southwesterly 38.34 feet to the north margin of Horseshoe Drive; thence with margin of the same westerly 53.72 feet to the beginning.

Being the same property conveyed to Edwin R. Fulcher, Jr. and wife, Annie Elizabeth Morgan Fulcher, by deed from John T. Hargis and wife, Margaret D. Hargis, of record in Book 1539, Page 329, Register's Office for Davidson County, Tennessee.

Annie Elizabeth Morgan Fulcher, aka Ann M. Fulcher and Annie E. Fulcher, one and the same person, having since died on Febuary 25, 2013, survived by her husband, Edwin R. Fulcher, aka Edwin R. Fulcher, Jr, one and the same person, vesting into him as surviving tenant by the entirety. Edwin R. Fulcher, Jr. having died on March 16, 2016, a widower and unmarried person. The Last Will of Edwin R. Fulcher, Jr. dated May 30, 2012, having been admitted to probate, Seventh Circuit Court for Davidson County, Tennesse, No. 16P-684, administered as a solvent testate estate, wherein Guerry E. Fulcher was issued letters testamentary. The said Elisha R. Fulcher was gifted the aforedescribed property as beneficiary under the terms of the decendent's last will under Item 3.2 therein.

The legal description above is the same legal description set forth on the previous deed of record. This conveyance is subject to any and all restrictions and easements of record.

Appended hereto are the death certificates of Annie Elizabeth Morgan Fulcher and Edwin R. Fulcher to evidence their proof of death.

This is improved property commonly known as 1000 Horseshoe Drive, Nashville, Tennessee 37216.

Grantor does hereby convey, release and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

No money is being exchanged.

Tax Parcel Number: 06111006900

Mail Tax Statements To:
Kayla Fulcher
1000 Horseshoe Dr
Nashville, Tennessee 37216

[SIGNATURE PAGE FOLLOWS]

Grantor Signatures:

DATED: 8-17-2020

Elisha Fulcher

Elisha R. Fulcher
3916 Baxter Ave
Nashville, Tennessee, 37216

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 17 day of August, 2020, before me personally appeared Elisha R. Fulcher, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed same as their free act and deed.



Randall J. Heflin Jr.
Notary Public

Notary
Title (and Rank)

My commission expires 03-06-2024

I, Affiant, hereby swear or affirm that to the best of my knowledge, information, and belief, the actual consideration for this transfer is $0.00.

Kayla Fulcher
Affiant

Affiant's Name: Kayla Fulcher

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2839 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is $ 0.

Elisha Fulcher
Affiant

Subscribed and sworn before me, this 31 day of August, 2020.

Randall J Heflin Jr
Notary

RANDALL J. HEFLIN JR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES MARCH 06, 2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Edwin R. Fulcher
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 2016
4. TIME OF DEATH (Army): 12:20
5a. AGE-Last Birthday (Years): 95
5b. UNDER 1 YEAR – Months / Days
5c. UNDER 1 DAY – Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 23, 1920
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
8a. PLACE OF DEATH (Check only one): [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 1000 Horseshoe Dr.
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Veterans Administration
12. SOCIAL SECURITY NUMBER: [redacted]-0262
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1000 Horseshoe Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[X] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Edwin R. Fulcher Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nora Pegrum

DISPOSITION

20a. INFORMANT'S NAME: Elisha Fulcher
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1000 Horseshoe Dr., Nashville, TN 37216
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION (City or Town and State): Nashville, TN 37216
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER: 4934
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE
25. DATE FILED (Month, Day, Year): 3/18/16

CERTIFIER

26. CERTIFIER (Check only one):
[X] 26a. PHYSICIAN – To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
[ ] 26b. MEDICAL EXAMINER – On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 3/18/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. Alzheimer's Dementia — Due to (or as a consequence of):
b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street, Number, City or Town, State)

PH-1659 (Rev. 10/2011)

REV: 1299

8430461

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8430461
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 130131

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): ANNIE ELIZABETH MORGAN FULCHER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 25, 2013
4. TIME OF DEATH (Above): 12:00 PM
5a. AGE-Last Birthday (Years): 93
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 9, 1919
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [X] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not Institution, give street and number): 1000 Horseshoe Dr.
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Edwin R. Fulcher
11a. DECEDENT'S USUAL OCCUPATION: BookKeeper
11b. KIND OF BUSINESS/INDUSTRY: Bookkeeping
12. SOCIAL SECURITY NUMBER: [redacted]9162
13a. RESIDENCE STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1000 Horseshoe Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th - 12th grade; no diploma
[ ] High school graduate or GED completed
[X] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Spanish/Hispanic/Latino origin)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)

PARENTS

18. FATHER'S NAME (First, Middle, Last): Calvin Morgan
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mabel Wilkerson

DISPOSITION

20a. INFORMANT'S NAME: Edwin R. Fulcher
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1000 Horseshoe Dr. Nashville, TN 37216
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town, State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 4935
23c. SIGNATURE OF EMBALMER: [signature]
23d. LICENSE NUMBER: 4622
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: Teresa R Keely, for OR
25. DATE FILED (Month, Day, Year): March 1, 2013

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN HOURS

27a. SIGNATURE OF CERTIFIER: Richard B Martin MD
27b. LICENSE NUMBER: MD024163
27c. DATE SIGNED (Month, Day, Year):
27d. NAME AND ADDRESS: Suite 408, 2400 Patterson St., Nashville TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cerebrovascular accident	one day
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Benign essential hypertension (Due to (or as a consequence of))	2+ years
	c. (Due to (or as a consequence of))	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

29. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant within 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - At home, farm, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1559 (Rev. 10/2011)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

5661840

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 19[illegible]

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Deputy Registrar, Davidson County

Date Issued 04 11 13

CERTIFICATION OF VITAL RECORD